								•		Ì))	166	7,58	5	
PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 Application or Docket Number Application or Docket Number															
	CLAIMS AS FILED - PART I									SMALL ENTITY OTHER THAN					
TOTAL CLAIMS			(Colum	(1)	(Cat	(Column 2)				OR		ENTITY			
F	FOR			MAMBER FILED		NUMBER EXTRA		RATI	_	FEE	ļ	RATE	FEE		
TOTAL CHARGEABLE CLAIMS					· 137		BASIC	Ī	375.00	OR	BASIC FEE	750.00	Į.		
INDEPENDENT CLAIMS			15-7 minus 20=		• /3 /		X\$ 8	•		OR	X\$18=	2466			
li	MULTIPLE DEPENDENT CLAIM P			RESENT				X42	_	·	OR	X84=	24		
 						+140	=		OR	+280=					
• #	f the difference						odumn 2	TOTA	ī		OR	TOTAL	3300	1	
	C	(Colu	mn 1)	MENDE	(Colum	nn 2)	(Column 3)	SMAI	SMALL ENTITY			OTHER SMALL	THAN		
MTA		REMA AFT AMENO	NING ER		HIGH NUM PREVIO PAID I	BER	PRESENT EXTRA	RATE		ADDI- TIONAL		PATE	ADDI- TIONAL		
AMENDMENT A	Total	.]	13	Minus	-15	Ĭ	-160	2 SX	.	FEE	· OR	XSH0=	SUD T	D	
¥	Independent	·	<u>は</u>	Minus			5	X42=	. 1		OR	XB4=		}	
Transfraggerisation CP and C				LIP CE DE	LTIPLE DEPENDENT CLAIN			+140	. 1			+260=			
	2/21							101	ᆔ		OR OR	TOTAL	800	oopel	
	9/4	(Colur			Colum	າກ 2)	(Column 3)	ADDIT, FI	EE L		JUA,	ADDIT. FEE	000	,	
AMENDMENT B		REMAI AFTI AMEND	MING ER		HIGH NUME PREVIO PAID F	ER USLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	•	
Ę	Total	• /	<u>73</u>	Minus	• /	<u>73</u>	•	X\$ 9=			OR	X\$18=			
¥	Independent FIRST PRESE	*	4	Minus	200 CACT	4		X42=	1		OR	X84≏		·	
 -			UF MU	A C	ENUENT	U.A.M		+140=	1		•	+280=			
٠.	5500	70	Œ)	(1 4)				101/	t		OR	YOTAL			
) /3-0.	(Colun			(Cotum	ID 2)	(Column 3)	ADDIT FE	Ŧ L		OR ,	VOOIT, FEE			
AMENDMENT C		CLAI REMAI AFTI AMEND	NING R		HIGHE NUMB PREVIOU PAID F	ea USLY	PRESENT EXTRA	RATE		ADDI- TONAL FEE		PATE	ADDI- TIONAL		
Ž	Total	الح)	8	Minus	*	3	=· \$45	X\$ 9=	1		OR	X\$18=	FEE 2250	(77)	
AME	independent	MTATIO	5	Minus	<u> </u>	L	0-	X42=	十		ı	70U	30X		
<u> </u>	FIRST PRESE	WINI IN	UP MU	LIPLE DEP	ENDENT	CLAIM			扌		OR		28)	0.000	
• £	* If the entry in column 1 to tests than the entry in column 2, write "W in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE to less than 20, enter 20. ADDRESS:												α . Λ <i>I</i>		
-	i the Tighest No. The Tighest No.	mber Previ	ously Pa	d for in this	CRAPEL	A	· 20 50 •	ADOIT, FE			DR A	DOTT. FEE	747	h.aabar	